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23696 7390 02/15/2007

QUALCOMM INCORPORATED
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Gayle Gestick

(Depositor's name)

Gayle Gestick

(Signature)

May 15, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/634,247	08/04/2003	Joseph P. Odenwalder	PAS10B1C1	7773

TITLE OF INVENTION: METHOD AND SYSTEM FOR PERFORMING A HANDOFF IN A WIRELESS COMMUNICATION SYSTEM, SUCH AS A HARD HANDOFF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/15/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
NGUYEN, DUC M	2618	370-331000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563)

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents if no name is listed, no name will be printed

1 Thomas R. Rouse
2 Thien Nguyen
3 S. Hossain Beladi

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

QUALCOMM INCORPORATED

SAN DIEGO, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted.

4b. Payment of Fee(s): (Please first resupply any previously paid issue fee shown above)

Issue Fee

Publication Fee (No small entity discount permitted)

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 17-002 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: *George T. Oehling*

Date: *5/15/07*

Typed or printed name: *George T. Oehling*

Registration No. *40,471*

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